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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 596817

(7)

1. Corporation Name

L. D. STEWART ENTERPRISES, INC.



Principal Place of Business

28467 US HIGHWAY 19TH NORTH  
SUITE 302  
CLEARWATER FL 34621  
US

Mailing Address

28467 US HIGHWAY 19TH NORTH  
SUITE 320  
CLEARWATER FL 34621  
US

3. Date Incorporated or Qualified

12/11/1978

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

21 28469 U.S. Hwy 19 North

Suite, Apt. #, etc.

22 Suite 402

City & State

23 Clearwater, FL

Zip Country

24 34621

25

2a. Mailing Address

26 28469 U.S. Hwy 19 North

Suite, Apt. #, etc.

27 Suite 402

City & State

28 Clearwater, FL

Zip Country

29 34621

30

4. FEI Number

59-1879935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ESQUIRE, DENNIS R L  
28870 U S HIGHWAY 19  
SUITE 408  
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

M.J. Maricle

82 Street Address (P.O. Box Number is Not Acceptable)

28469 U.S. Hwy 19 N.

83

Suite 402

84

City

Clearwater

FL

85 Zip Code

34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

ST  
NAME STEWART, JUANITA A  
STREET ADDRESS 3677 WOODRIDGE PLACE  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

P  
NAME STEWART, LYNN D  
STREET ADDRESS 3677 WOODRIDGE PLACE  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

V  
NAME STEWART, MICHAEL D  
STREET ADDRESS 3677 WOODRIDGE PL  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEWART, PRES

1-20-97

726-6220

CR2E034 (9/96)